

# Denials

# Error prevention starts with you!

- Check client eligibility every visit
- Stay up to date
- Notice common denials
- Be proactive

# Top Denials

- HIPAA 5010
- Eligibility
- Duplicate
- Passport
- TPL
- Medicare
- Prior Authorization
- National Drug Codes (NDC)

# HIPAA 5010

- Rejection Reasons
  - Submitting HIPAA 4010 information
  - Pay-to address is a post office box
  - Zip Code + 4 missing or not on file
  - Invalid qualifiers

# Eligibility

- Denial Reasons
  - Client is not eligible for Montana Health Care Programs
  - Date of service outside eligibility span
  - Not eligible for service type
  - Client ID invalid or missing
  - Service limits exceeded

# Exact Duplicate

## **You have already been paid for this service**

- Verify claim information on remittance advice to ensure accuracy
- Review past remittance advice for payment of service
- Call provider relations for assistance

# Suspect Duplicate

**You were already paid for this or a similar service**

- Conditions could be
  - Over-lapping date of service
  - Similar procedure code

# Duplicate Conflict

**Another provider has been paid for this or a similar service**

- Verify that appropriate modifiers were used
- Verify dates of service and procedure codes
- View client records



# Passport

- Denial Reasons
  - Passport referral missing
  - Passport referral number invalid
  - Passport referral number invalid for date of service

# Third Party Liability

## Client has another insurance on file

- Denial Reasons
  - Client has TPL and no TPL amount present
  - Client has TPL and no EOB is attached
  - Claim information and EOB do not match
  - TPL denial does not contain explanation of denial

# Medicare

## Client has Medicare coverage on file

- Denial Reasons
  - Client has Medicare and not Medicare information is present
  - Medicare denied service as not medically necessary
  - Medicare EOB and claim do not match
  - Medicare denial reasons are not attached

# Prior Authorization

## Procedure requires prior authorization

- Denial Reasons
  - Prior authorization number missing or invalid
  - Prior authorization and claim don't match
  - Billed units or dollars exceed approved
  - Prior authorization used

# National Drug Codes (NDC)

- Denial Reasons
  - NDC required, but not present
  - Invalid
  - Units missing
  - Qualifier missing

# Contact Information

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# QUESTIONS?